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INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Complete if Known	
				Applicant N .	10/076,961
				Filing Dat	February 15, 2002
				First Named Inventor	Nallan C. Suresh <i>et al.</i>
				Art Unit	2171
Examiner Name	Unknown				
Sheet	1	of	1	Attorney Docket Number	13553-06704

U.S. PATENT DOCUMENTS				
Examiner Initials*	Cite No. ¹	Document No. Number - Kind Code ² (if known)	Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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FOREIGN PATENT DOCUMENTS					
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OTHER REFERENCES - NON-PATENT LITERATURE DOCUMENTS				
Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T ⁶	
RWM	C1	"HHS/OIG Fiscal Year 2002 Work Plan - Centers for Medicare and Medicaid Services," Department of Health and Human Services, Office of Inspector General, September 2001.		

Examiner Signature	Robert W. Morgan	Date Considered	7/15/03
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609.
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